

South Dakota Board of Nursing

South Dakota Department of Health
722 Main Street, Suite 3; Spearfish, SD 57783
(605) 642-1388; Fax: (605)642-1389; www.state.sd.us/doh/nursing

Nurse Aide **Application for** *Re-Approval* **of Training Program**

All Nurse Aide (NA) Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to <u>ARSD 44:04:18:15</u>. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

South Dakota Board of Nursing 722 Main Street, Suite 3 Spearfish, SD 57783

1. <u>List Personnel and Licensure Information:</u>

Program Coordinator must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)

	RN LICENSE			
Name of Program Coordinator	State	Number	Expiration Date	Verification (Completed by SDBON)
Hraiz Hunter	SD	R028676	11/13/12	Monthon

Primary Instructor must be a licensed nurse (RN or LPN) with 2 years nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material. (ARSD 44:04:18:11)

	RN OR LPN LICENSE			
Name of Primary Instructor	State	Number	Expiration Date	Verification (Completed by SDBON)
Araie Hunter	SD	R028676	11/13/12	Soffer

If requesting new Primary Instructor, attach curriculum vita, resume, or work history, and attach documentation supporting previous experience in teaching adults within the past five years or documentation of completing a course in the instruction of adults.

<u>Supplemental Personnel</u> may assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12) *If requesting new Supplemental Personnel*, attach curriculum vita, resume, or work history.



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	LICENSURE/REGISTRATION			
Supplemental Personnel & Credentials	State	Number	Expiration Date	Verification (Completed by SDBON)
10/60016 8/100	SD	2025636	6/11/13	Marker
CUSTAL KIDAMER	SD	2023642	3/14/12	Jogher
Inci Oplanson	SD	P025523	6/9/13	Stathen
Let I garage			/	

2. Complete Evaluation of the Curriculum: Indicate compliance relative to each standard during the previous two years. Explain any "no" responses on a separate sheet of paper. (Pursuant to ARSD 44:04:18 07, the Department of Health may conduct an unannounced on-site visit to determine compliance with requirements.)

	Yes	No
Standard	V	
Program was no less than 75 hours.		
 Provided minimum 16 hours of instruction prior to students having direct patient 	1	
 contact. Provided minimum 16 hours of supervised practical instruction; instructor ratio did not exceed 8 students for one instructor. 	V	
Provided instruction on each content area (see ARSD 44:04:18:15):	V	
	V	
Basic nursing skills	~	
Personal care skills	V	
Mental health and social services	V	
Care of cognitively impaired clients	7	
Basic restorative nursing services		
	0	-
 Residents' rights Students did not perform any patient services until after the primary instructor found the student 	/	
to be competent	V	
 Students only provided patient services under the supervision of a licensed nurse Your agency maintains a 75% pass rate of students on the competency evaluation (written and skills exam taken through the SD Healthcare Association). 		

3. Submit Documentation to Support Requested Curriculum Changes:
Name of Course (if applicable): Denges for Changes for Changes
A variety of teaching methods may be utilized in achieving the classroom instruction such as independent study,
instruction, and online instruction. Submit reference list of teaching materials utilized (include name of book or resource, publisher, publication date, etc.). Submit reference list of teaching materials utilized (include name of book or resource, publisher, publication date, etc.). Assistant Textbook Assistant Textbook Assistant Textbook Assistant Textbook
Curriculum, objectives and agenda documenting the requirements for the minimum 73 hour coarse as teneral contact; the 16 hours must include:
A minimum of 16 hours of instruction prior to student having an early-emergency procedures, promoting Communication and interpersonal skills, infection control, safety/emergency procedures, promoting
A minimum of 16 hours of supervised practical instruction with enough instructors to ensure safe and effective
care; the instructor ratio may not exceed eight students for one instructor. Instruction in each of the following content areas (see ARSD 44:04:18:15 for more detail):
Basic nursing skills (including documentation) including: Vital signs, fleight and weight, click characters needs; recognizing abnormal changes in body functioning and the importance of reporting such changes
to a supervisor; and caring for dying clients; Personal care skills, including: bathing; grooming, including mouth care; dressing; toileting; assisting with eating and hydration; feeding techniques; skin care; and transfers, positioning, and turning;

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South Dakota Board of Nursing

South Dakota Department of Health 4305 S. Louise Avenue Suite 201; Sloux Falls, SD 57106-3115 (605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing

Mental health and social services, including: responding appropriately to behaviors; awareness of
developmental tasks associated with aging process; respecting personal choices and preserving client
dignity, and recognizing sources of emotional support;
Care of cognitively impaired clients, including: communication and techniques for addressing unique needs and behaviors;
Basic restorative nursing services, including: self-care; use of assistive devices in transferring; ambulation
eating, and dressing; range of motion; turning and positioning in bed and chair; bowel and bladder care and training; and care and use of prosthetic and orthobic devices;
Residents' rights, including: privacy and confidentiality; self-determination; reporting grievances and

Program Coordinator Signature:

This section to be completed by the South Dakota E	card of Nursing	
Date Application Received: //////	Date Application Denied:	
Date Approved: // // /// /	Reason for Denial:	
Expiration Date of Approval: ///7//3	•	
Board Representative: (Ab)		
Date Notice Sent to Institution: 1/2////		

disputes; participating in groups and activities; security of personal possessions; promoting an environment free from abuse, inistreatment, and neglect and requirement to report; avoiding restraints.

Orth, Stephanie (DOH)

From:

Orth, Stephanie (DOH)

Sent:

Tuesday, November 22, 2011 11:17 AM

To:

'ahunter@good-sam.com'

Cc:

Matthies, Erin

Subject:

re. Sioux Falls sites: CNA Reapproval

SOUTH DAKOTA BOARD OF NURSING 4305 S. Louise Ave., Suite 201 Sioux Falls, South Dakota 57106-3115 Phone: 605-362-2760



November 22, 2011

Good afternoon Argie,

This letter serves as written notice that your Reapproval Application for CNA Training Programs at Good Samaritan Center, Good Samaritan Luthor Manor, and Good Samaritan Village, all located in Sioux Falls, SD have been reviewed and approved by the BON.

Per our phone calls and face to face visit last week, you indicated that you are the primary instructor/program coordinator and you use a team teaching approach (utilizing the same textbook and curriculum) between the three listed Sioux Falls sites. The three listed Sioux Falls sites will now have the same renewal date in 2013.

Please review and save the attached pdf document for your future reference. A copy will be placed on our web site by month's end for your easy access and for public information.

As primary instructor it is your responsibility to keep the BON abreast of any instructor changes, curricular changes, etc. for any of the three Sioux Falls Good Samaritan facilities pursuant to 44:04:18:08 "Notice of change in approved training program. The entity offering an approved nurse aide training program must submit to the department, within 30 days after the change, any substantive changes made to the program during the two-year approval period. The department shall notify the entity of its approval within 90 days after receipt of the information".

Here is the link for our site, and it takes you right to the CNA information:

http://doh.sd.gov/boards/nursing/nurseaid.aspx

If you have questions or if I can be of further assistance, please let me know.

Stephanie Orth, MS, RN
Nursing Program Specialist
South Dakota Board of Nursing
722 Main St., Ste 3
Spearfish, SD 57783
605-642-1388
Stephanie.orth@state.sd.us

http://www.nursing.sd.gov/